

MONTANA SENATE
2007 LEGISLATURE

ROLL CALL

PUBLIC HEALTH, WELFARE AND SAFETY

DATE 2-7-07

NAMES	PRESENT	ABSENT	EXCUSED
SEN. JOHN COBB (R)	✓		✓
SEN. JOHN ESP (R)	✓		
SEN. KIM GILLAN (D)	✓		
SEN. LYNDA MOSS (D)	✓		
SEN. TERRY MURPHY (R)	✓		
SEN. JERRY O'NEIL (R)	✓		
SEN. TRUDI SCHMIDT (D)	✓		
SEN. CAROL WILLIAMS (D)	✓		✓
SEN. DAN WEINBERG (D) - CHAIRMAN	✓		
JACKSON, LISA, LSD	✓		
GILDROY, PRUDENCE, SECRETARY	✓		

**MONTANA STATE SENATE
2007 LEGISLATURE**

VISITOR REGISTER

PUBLIC HEALTH, WELFARE & SAFETY

DATE 2-7-07

BILLS BEING HEARD TODAY HB 144; SB 93; SB 112

PLEASE PRINT

NAME	PHONE	REPRESENTING	BILL #	SUPPORT	OPPOSE
Ed Brian Fins	443-4000	United Assn	SB 12	X	
Bob Gagnon	237-5900	MT Assn Assoc Amb Surgery	SB 312	X	
David Chamberlain	490-9939	Mercury Street Medical	SB 312	X	
REWYNIA MD	422-4518	physician	SB 312	✓	
Jim Driscoll, M	490 8814	physician	SB 312	X	
KJ Popovich MD	242-8986	Physician James M. M.D.	SB 312	X	
KT Kubicki	443-2101	Montana Medical Assoc.	SB 312	✓	
Ron Cosanzo	238-6700	Montana Yellowstone Physicians Assn	SB 312	X	
Jim Elliott	238-6540	Montana Veterinary Society	SB 312	X	
Debby Thorpe	443 1700	Helena Medical Laboratory	SB 312	X	
Wanda Proineau	443-6281	Registered Nurse	SB 93	X	
Lou Thompson	444-9657	ANCD	SB 93		
Tim Roux, MD	454-2171	Great Falls Clinic	SB 312	X	
Shelley Schaefer	202-1515	Helena Sleep Diab	SB 312	X	
Peter Bateloff	209-2093	Community Home of	SB 312	X	
Yvette Worman	439-3639	Helena Sleep Diagnostics	SB 312	X	
Heather Clark	439-1802	Community Home Oxygen	SB 312	X	
Rick Thompson	444-5345	Dept. of Environ. Quality	HB 144	X	
Ken Hunt MD	723-1300	MD BUTTE MT.	HB 312	X	
Pete Hanson	461-2809	Helena MT	SB 312	X	
Chris Munro	723-1300	Merced St Medical	HB 312	X	
Bill Kennedy	256-2701	Yellowstone Co/MACO	HB 93	X	

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**MONTANA STATE SENATE
2007 LEGISLATURE**

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PUBLIC HEALTH, WELFARE & SAFETY

DATE 2-7-07

BILLS BEING HEARD TODAY HB 144; SB 93; SB 12

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NAME	PHONE	REPRESENTING	BILL #	SUPPORT	OPPOSE
Bob Olsen	442-1911	Mont Hosp Assoc	SB 312		X
Mike Foster	237-3038	SVH, SJH, HPH	SB 312		X
Rick Hays	444-4421	St Peter's Hosp Bd	SB 312		X
John Solheim	444-2100	St Peter's Hosp	SB 312		X
James Kivir	494-3257	St. James HealthCare	SB 312		
Keith LARA M.D.	755-0318	Kalispell Reg. Hosp	SB 312		X
Jim Oliversen	752 1724	" " " "	"		
Kim Williams	495-7904	Helena Physicians Clinic	"	X	
Steve Akre	771 3158	Great Falls Clinic	312	X	
Sharon Hecker	782-9132	St. James HealthCare	SB 312		X
Brett Kronenberg	782-5101	St. James HealthCare	SB 312		X
Robin Hiden	495-7924	HPC	SB 312	-	
TRACY VELAZQUEZ	539-9715	MT mental Health	SB 312	X	
MARK EADWALLADER	444-0280	Dept of Labor	HB 144		
Tom Peluso	585-8959	CSAA	SB 93	X	
Bob Ross	252-4137	ESAA	SB 93	X	
Tami McCall	670-3084	Billings Clinic	93	X	
"	"	"	SB 312		X
ANITA ROESSMANN	449-2344	MAP	SB 93	X	
Kathy Neffman	439-4189	MCCMHC	SB 93	X	
LUFT CHISHOLM		NAMS	SB 93	X	

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History: En. Sec. 7, Ch. 577, L. 1999; amd. Sec. 8, Ch. 466, L. 2001.

53-21-703. Rulemaking authority. (1) The department shall adopt appropriate rules necessary for the administration of a program to provide mental health managed care services. The rules must establish eligibility criteria and may include but are not limited to financial standards and criteria for income and resources, treatment of resources, nonfinancial criteria, residency, application, termination, definition of terms, and confidentiality of applicant and recipient information.

(2) The department shall adopt rules establishing the amount, scope, and duration of services. The rules may also include but are not limited to ensuring that services are medically necessary and that the services are the most efficient and cost-effective available.

(3) The department may adopt rules establishing rates of reimbursement of services provided under this part, selection and qualification of providers, and standards for managed care.

(4) Rules adopted by the department must take into account, when appropriate, the availability of appropriated funds, the actual costs of services, the quality of services, the professional knowledge and skills necessary for the delivery of services, and the availability of services.

History: En. Sec. 8, Ch. 577, L. 1999.

Cross-References

Adoption and publication of rules, Title 2, ch. 4, part 3.
Government Health Care Information Act, Title 50, ch. 16, part 6.

53-21-704. Repealed. Sec. 9, Ch. 466, L. 2001.

History: En. Sec. 15, Ch. 577, L. 1999.

Parts 8 and 9 reserved

Part 10

Service Area Authorities

53-21-1001. Definitions. As used in this part, the following definitions apply:

(1) "Community mental health center" means a licensed mental health center that provides comprehensive public mental health services in a multicounty region under contract with the department, counties, or one or more service area authorities.

(2) "Department" means the department of public health and human services as provided for in 2-15-2201.

(3) "Licensed mental health center" means an entity licensed by the department of public health and human services to provide mental health services and has the same meaning as mental health center as defined in 50-5-101.

(4) "Service area" means a region of the state as defined by the department by rule within which mental health services are administered.

(5) "Service area authority" means an entity, as provided for in 53-21-1006, that has incorporated to collaborate with the department for the planning and oversight of mental health services within a service area.

History: En. Secs. 1, 2, Ch. 602, L. 2003; amd. Sec. 2, Ch. 553, L. 2005.

Compiler's Comments

2005 Amendment: Chapter 553 in (5) after "to" substituted "collaborate" for "contract" and after "oversight" deleted "and administration"; and made minor changes in style. Amendment effective October 1, 2005.

53-21-1002. Duties of department. The department:

(1) shall take cognizance of matters affecting the mental health of the citizens of the state;

(2) shall initiate mental health care and treatment, prevention, and research as can best be accomplished by community-centered services. The department shall initiate and operate services in cooperation with local agencies, service area authorities, mental health professionals, and other entities providing services to persons with mental illness.

(3) shall specifically address:

(a) provider contracting;

(b) service planning;

(c) preadmission screening and discharge planning;

- (d) quality management;
- (e) utilization management and review;
- (f) consumer and family education; and
- (g) rights protection;
- (4) shall collect and disseminate information relating to mental health;
- (5) shall prepare and maintain a comprehensive plan to develop public mental health services in the state and to establish service areas;
- (6) must receive from agencies of the United States and other state agencies, persons or groups of persons, associations, firms, or corporations grants of money, receipts from fees, gifts, supplies, materials, and contributions for the development of mental health services within the state;
- (7) shall establish qualified provider certification standards by rule, which may include requirements for national accreditation for mental health programs that receive funds from the department;
- (8) shall perform an annual review and evaluation of mental health needs and services within the state by region and evaluate the performance of programs that receive funds from the department for compliance with federal and state standards;
- (9) shall coordinate state and community resources to ensure comprehensive delivery of services to children with emotional disturbances, as provided in Title 52, chapter 2, part 3, and submit at least a biennial report to the governor and the legislature concerning the activities and recommendations of the department and service providers; and
- (10) shall coordinate the establishment of service area authorities, as provided in 53-21-1006, to collaborate with the department in the planning and oversight of mental health services in a service area.

History: En. Sec. 3, Ch. 602, L. 2003; amd. Sec. 3, Ch. 553, L. 2005.

Compiler's Comments

2005 Amendment: Chapter 553 in (9) inserted reference to Title 52, chapter 2, part 3; in (10) after "to" substituted "collaborate with" for "assist", after "in the" substituted "planning and oversight" for "coordination and delivery", and after "services" inserted "in a service area"; and made minor changes in style. Amendment effective October 1, 2005.

53-21-1003 through 53-21-1005 reserved.

53-21-1006. Service area authorities — leadership committees — boards — plans.

(1) In the development of a service area authority, public meetings must be held in communities throughout a service area as defined by the department by rule. The purpose of the meetings is to assist the department to establish a stakeholder leadership committee. The meetings must be designed to solicit input from consumers of services for persons with mental illness, advocates, family members of persons with mental illness, mental health professionals, county commissioners, and other interested community members.

(2) The leadership committee within each service area must include but is not limited to a significant portion of consumers of services for persons with mental illness, family members of persons with mental illness, and a mental health services provider. The department shall provide assistance for the development of a leadership committee. The department shall approve a leadership committee within each service area.

(3) The leadership committee within each service area shall establish a service area authority board and create bylaws that describe the board's functions and method of appointment. The bylaws must be submitted to the department for review. The majority of the members of the board must be consumers of mental health services and family members of consumers.

(4) The service area authority board must be established under Title 35, chapter 2. Nonprofit corporations incorporated for the purposes of this part may not be considered agencies of the department or the state of Montana.

(5) A service area authority board:

- (a) shall collaborate with the department for purposes of planning and oversight of mental health services of the service area, including:
 - (i) provider contracting;
 - (ii) quality and outcome management;
 - (iii) service planning;

- (iv) utilization management and review;
- (v) preadmission screening and discharge planning;
- (vi) consumer advocacy and family education and rights protection;
- (vii) infrastructure;
- (viii) information requirements; and
- (ix) procurement processes;
- (b) shall review and monitor crisis intervention programs established pursuant to 53-21-139;
- (c) shall submit a biennial review and evaluation of mental health service needs and services within the service area;
- (d) shall keep all records of the board and make reports required by the department;
- (e) may enter into contracts with the department for purposes of planning and oversight of the service area if the department certifies that the service area authority is capable of assuming the duty;
- (f) may receive and shall administer funding available for the provision of mental health services, including grants from the United States government and other agencies, receipts for established fees rendered, taxes, gifts, donations, and other types of support or income. All funds received by the board must be used to carry out the purposes of this part.
- (g) may reimburse board members for actual and necessary expenses incurred in attending meetings and in the discharge of board duties as assigned by the board;
- (h) shall either include a county commissioner or work closely with county commissioners in the service area; and
- (i) shall take into consideration the policies, plans, and budget developed by the children's system of care planning committee provided for in 52-2-303.

(6) A service area authority may not directly provide mental health services.

History: En. Sec. 4, Ch. 602, L. 2003; amd. Sec. 2, Ch. 200, L. 2005; amd. Sec. 4, Ch. 553, L. 2005.

Compiler's Comments

2005 Amendments — Composite Section: Chapter 200 inserted (5)(i) requiring the service area authority board to take into consideration the policies, plans, and budget developed by the children's system of care planning committee; and made minor changes in style. Amendment effective October 1, 2005.

Chapter 553 in (3) inserted last sentence requiring majority of board to be consumers or family members of consumers of mental health services; in (4) deleted former second sentence that read: "Upon incorporation, the board may enter into contracts with the department to carry out the comprehensive plan for mental health for that service area"; in (5)(a) after "shall" substituted "collaborate with the department for purposes of planning and oversight of mental health services" for "define the operation and management" and after "area" deleted "mental health system"; in (5)(a)(viii) after "information" deleted "system"; inserted (5)(b) requiring review and monitoring of crisis intervention programs; deleted former (5)(d) that read: "(d) shall prepare and submit a plan and budget proposal to support mental health services for children and adults within the service area, including proposals within existing allocations and specifically outlining any new funding proposals, to the department and to each county in the service area"; inserted (5)(e) allowing contracts with service areas for planning and oversight; in (5)(g) at beginning substituted "may" for "shall"; deleted former (6) that read: "(6) The department shall review the plan and budget proposal provided for in subsection (5)(d) and assess the readiness of the service area authority to assume each duty provided in subsection (5)(a). The department shall certify that the service area authority is capable of assuming the duty before contracting with the service area authority for that duty and may provide for a gradual assumption of the duties by a service area authority within the department's 4-year transition plan, subject to approval of the federal waivers as provided for in section 15, Chapter 602, Laws of 2003"; and made minor changes in style. Amendment effective October 1, 2005.

53-21-1007. Mental health services contracts. (1) The department shall provide for public mental health services for the purposes of the prevention, diagnosis, and treatment of mental illness to the extent funded by the legislature.

(2) The department may administer the provision of services for prevention, diagnosis, and treatment of mental illness directly or indirectly through contract with other agencies of government, private or public agencies, private professional persons, hospitals, or licensed mental health centers.

(3) The department is directed to encourage and create incentives for the use of funding generated by local governments to provide mental health services to participate in federal cost-sharing programs.

Rick Hays, chair-elect St. Peter's Hospital, Helena
SB 312 – Economic Credentialing
Senate Public Health - February 7, 2007

I'm here on behalf of the board of directors of St. Peter's Hospital, the community, not-for-profit hospital in Helena where I'm presently the chair-elect of that board.

We oppose this bill dealing with economic credentialing because we feel it will eliminate one of the major responsibilities of the boards of hospitals such as ours which is ensuring the financial viability of our healthcare institution.

Economic credentialing boils down to a simple matter of monitoring conflicts of interests between physicians at community hospitals such as St. Peter's and competing healthcare facilities or institutions.

It's not fair for physicians to be literally guaranteed credentials at a community hospital while at the same time having an ownership position in a competing facility. Such potential conflicts of interest should be a consideration of a hospital's board of directors when granting credentials.

Consideration of such a conflict of interest is commonplace in all other businesses and --- even here in this legislative body.

As a board member of St. Peter's Hospital, I am required to annually sign a disclosure of any financial, contractual, personal or other relationships I have with the institution. Such disclosure made sense to me since I was accustomed to even more stringent conflict of interest policies in my business experiences the past 30+ years. Similar consideration by the physicians seems to be a reasonable expectation to insure all parties of the healthcare community are aware of such arrangements.

Another problem with this bill for St. Peter's is that it arises in the midst of our discussions with our medical leadership to resolve this issue satisfactorily. We've had a number of discussions with the medical leadership the past 8 months and even formed a special Joint-Conference Committee of board and medical leadership to address the issue.

In addition to informal discussions, the committee has met twice, as recently as last month, to continue the discussion on this important issue to patients, the doctors, the community and our hospital. Additional meetings and discussion are expected in the coming months.

This process is working and SB 312 will only disrupt what efforts we have undertaken to date.

For these reasons I ask you to reject SB 312.